

**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
AFFIDAVIT OF DOMESTIC PARTNERSHIP**

STATE FILE NUMBER

A person who unlawfully executes an Affidavit of Domestic Partnership shall be subject to a civil penalty of up to \$1000.

1a. Full Name of Domestic Partner A (First, Middle, Last)			2a. Full Name of Domestic Partner B (First, Middle, Last)		
b. Birthdate (Mo/Day/Yr)	c. Age	d. Sex	b. Birthdate (Mo/Day/Yr)	c. Age	d. Sex
3a. Common Residence Street Address			b. County		
c. City		d. State	e. Zip Code		
<p>We, the undersigned, do declare that we meet the requirements of N.J.S.A. 26:8A-4, for entering into a domestic partnership at this time and that we wish to enter into a domestic partnership with each other:</p> <ul style="list-style-type: none"> • we share a common residence; • we are jointly responsible for each other's common welfare as evidenced by joint financial arrangements or joint ownership of real or personal property; • we agree to be jointly responsible for each other's basic living expenses during the domestic partnership; • neither of us is in a marriage recognized by New Jersey law or a member of another domestic partnership; • we are not related to each other by blood or affinity up to and including the fourth degree of consanguinity (see Note below); • we are both members of the same sex -OR- each of us is over the age of 62 and not of the same sex; • we have chosen to share each other's lives in a committed relationship of mutual caring; • we are both at least 18 years of age; and • neither of us has terminated another domestic partnership within the last 180 calendar days, except that this prohibition shall not apply if one of the partners died. <p>The representations herein are true, correct and contain no material omissions of fact to the best of our knowledge and belief.</p> <p align="center"><i>Both partners must appear together in the presence of a Notary Public to record their signatures below.</i></p>					
Signature of Domestic Partner A			Signature of Domestic Partner B		
Date			Date		
<p>Sworn to and subscribed before me this _____ day of _____, in the year _____.</p> <p>Signature of Notary Public _____ My Commission Expires on: _____.</p>					

LOCAL REGISTRAR USE ONLY		
<input type="checkbox"/> Affidavit of Domestic Partnership Filed	Date Filed	Registration Number Assigned
Name of Local Registrar Receiving Affidavit of Domestic Partnership	Signature	
Name of Municipality	County	

Note: Consanguinity is generally used to refer to someone who is related by blood, while affinity is normally used to describe someone who is related by marriage. Applicants are advised to make their own determination or seek legal counsel as to whether they are related, up to and including the fourth degree of consanguinity, before they take the oath for the affidavit.

State Registrar Copy

Local Registrar Copy

Domestic Partner Copy

Domestic Partner Copy

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES AFFIDAVIT OF DOMESTIC PARTNERSHIP

(FORM VALID FOR USE ONLY WITHIN THE STATE OF NEW JERSEY)

To register a domestic Partnership in the State of New Jersey, applicants must:

- Execute the attached Affidavit of Domestic Partnership form together in the presence of a Notary Public.
- File the notarized Affidavit of Domestic Partnership form with the Local Registrar of Vital Statistics in any municipality in New Jersey to obtain a Certificate of Domestic Partnership; and
- Remit payment of the registration fee as established by the appropriate New Jersey Regulations
- Provide valid identification for each applicant that establishes name, age, and date of birth.
- Identify a common residence in the State of New Jersey or share a common residence in another jurisdiction if at least one of the applicants is a member of a New Jersey State-administered retirement system.
- (FOR NON-NJ RESIDENTS:) Provide proof of membership in a New Jersey state-administered retirement system as evidenced by one or more of the following documents issued by the New Jersey Division of Pension and Benefits:
 - Personal Benefits Statement from the previous year
 - 1099R from the previous calendar year
 - Certificate of Pension Membership
- Provide proof of joint financial responsibility as evidenced by one or more of the following:
 - Joint deed, mortgage agreement or lease;
 - Joint bank account
 - Designation of one of the persons as primary beneficiary in the other person's will;
 - Designation of one of the persons as primary beneficiary in the other person's life insurance policy or retirement plan; or
 - Joint ownership of a motor vehicle.

A DOMESTIC PARTNERSHIP IS NOT CONSIDERED REGISTERED UNTIL THE ABOVE REQUIREMENTS HAVE BEEN SATISFIED.